

**FOCUSED ASSESSMENT AND PROFESSIONAL GROWTH
MID-YEAR CONFERENCE RECORD**

EDUCATOR NAME: _____

DATE: _____

Objective of the Professional Growth Plan:**Modifications of the Plan:****Summary of Progress:****Support Needed to Enhance and/or Complete:****The signatures below indicate that the above information has been reviewed and approved.**_____
Educator's Signature_____
Evaluator's Signature_____
Date